

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

L.V. Stabler Memorial Hospital  
 29 L.V. Stabler Drive  
 Greenville, Alabama  
 36037

## 2. Article Number

(Transfer from service label)

7006 0810 0006 5914 0715

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

Brenda Whitney

☐ Agent☐ Addressee

## B. Received by (Printed Name)

Brenda Whitney

Date of Delivery

11-3-06

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes